

United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

## PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation  *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-6032  United States District Court Southern District of Texas FILED JUN 29 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Beal Plumbing Co.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: *****AUTO**3-DIGIT 784 Beal Plumbing Co. RR 3 Box 411 Corpus Christi TX 78415-9710  [Barcode]		Check box if you have never received any notices from the bankruptcy court in this case	
Account or other number by which creditor identifies debtor:		Check box if the address differs from the address on the envelope sent to you by the court.	
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: 5/23/00		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ 107,888 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 107,888 Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)_____. *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only.	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 6/26/00	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Amesha Beal, Owner		
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

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# Stage Stores Inc.

## WORK ORDER

Work Order #: W000032931

Date: 05/22/2000

Trade: Plumbing/Capital

Net To Account Amt: \$

200.00

Responsible/Contact:

Vendor ID: 0010778  
Company: Best Plumbing Company  
Address: RR 3 Box 411  
City: Corpus Christi  
State: TX  
Zip: 78415  
Attn: Best Plumbing Company  
Phone: (361) 991-4477  
Fax: (361) 387-3241

Address: P.O. Box 3540

City: Houston  
State: TX  
Zip: 77255  
Phone: (713) 214-4470

Priority: Medium

Status: Regular Submission

Store Number: 0123  
Store Name: Corpus Christi, Texas (Elva Pointe)  
Address: 4101 U.S. Hwy. 77  
City: Corpus Christi  
State: TX  
Zip: 78410  
Phone: (361) 241-7441

Reported/Submitted by: John C. Coby

### Work Description

05/22/2000 16:04:02 (TELE) Store called - water fountain is overflowing. Scheduled Best Plumbing - sending plumber out

*John C. Coby* 5/24/00

TOTAL P.01

Beal Plumbing

RR 3 Box 411

Corpus Christi, TX 78415

# Invoice

Date	Invoice #
5/23/2000	1727

Bill To
Specialty Retailers Inc. 10201 S. Main Houston Texas 77025

Job Site
Bealls Department Store 4101 U.S. Hwy 77 Corpus Christi, Texas 78410 Bealls 0123

P.O. No.	Terms	Due Date	Rep	Warranty	Job number
W000032931	Net 30	6/22/2000	LRB		job 9

Item	Description	Qty	Rate	Amount
Commercial Rate	Unstopped water fountain- Removed gom, paper, rocks, plastic clips and rubber bands-Commercial Rate	2	50.00	100.00T

**Subtotal** \$100.00

**Sales Tax (7.875%)** \$7.88

**Total** \$107.88

**Payments/Credits** \$0.00

**Balance Due** \$107.88

I hereby accept above performance, and charges, as being satisfactory and acknowledge that equipment has been left in good working condition. In the event of Default,